MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 519

CERTIFICATE OF DEATH

00540

Item 9, FilmG193 2-24-56 et			R	eg. Dist	t. No	11.6
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASE	D	
COUNTY Dorchester	MARYLAND	STATE Maryla		Dorch		
CITY (Il outside corporete limits, write RURAL OR and give nearest town)	LENGTH OF STAY	OR	rate fimits, write RURAL a			
/3 TOWN Cambridge	15 mo s	TOWN RFD #	# 3, Cambrio	ige, N	Id.	X
HOSPITAL OR INSTITUTION OR	U	STREET ADDRESS	(II rural gi	va location)		1
STREET ADDRESS Cambridge Maryland				-111	120	
John Mc reg	widdle) Or Barnes	(Last)	4. DATE (Mor	Jan	(Day)	(Year) 19 56.
5. SEX 6. COLOR OR 7. SINGLE, MARRIEI	D I 8 DATE C		9. AGE lest birthdey	IF UNDER	RIYEAR	IF UNDER 24 HR
male white (Specify) mar	ried 3-5-	-1899	\$\$ 56 yrs.	Months	Days	Hours Min.
done during most of working life, even if OR I	OF BUSINESS INDUSTRY	11. BIRTHPLACE (Stete or forei	gn country)	15	2. CITIZE	N OF WHAT
refired) Physic ian Radi	ology	Washington,			US	A
13. FATHER'S NAME		14. MOTHER'S MAIDEN	(1)			
Noble Barnes		Isabelle N				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unk.) (II Yes, give wer or detes of service)	SOCIAL SECURITY NO.	17. INFORMANT & /	ADDRESS	RF	D #	3.
unk	None		M. Barnes.	Camb	ridg	e. Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	RTIFICATION	en n			RVAL BETWEEN
420.1 IMMEDIATE CAUSE (A)	erenen	Infarction 7	te + cell		ن	mun-2
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	rtenseles	the Carolina	sula die	ense	3	syro.
STATING UNDERLYING CAUSE LAST. DUE TO	meephil	molacia			3	ms
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Onner.					
196. DATE OF OPERATION 196. MAJOR FINDINGS C	F OPERATION					. AUTOPSY?
					YES	
21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, OF INJURY street, of		21c. WHERE DID INJURY OCCU	R? (City or town)	(Cour	nty)	(Stete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. I While M. et wo		21f. HOW DID INJURY OCCU	R?			
22. I hereby certify that I attended the decease	7 6	7 105 N 10 000	m / 105/	About	last and	a the days
alive on, 19.5, and	mar deam occurred at		RESS (Street, city, tow			e. Date signe i
W3annen	M. D.	Candon	Lo		1-1	1-56
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county	1)	(Stete)
Cremation 1-1-56.	William Lee	's Sons	Washingt	on. D	.C.	4-3-1-
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	an Nr	25. FUNERAL DIRECTOR'S Le Compte F	SIGNATURE		ADDRESS	

CERTIFICATE OF DEATH

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	MARYLAND STATE DEPARTMEN			
	SZU CERTIFICAT	E OF DEATH Reg. Dist. No. //6		
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
and legibly	county Dorchester MARYLAND	STATE Maryland county Dorchester		
d le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	OR .	own)	
an	/3 TOWN Cambridge	TOWN Cambridge		
rly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS		
clearly	of street address 9 School House Lane	9 School House Lane		
h c	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF	,	
death	(Type or Print) Rachel	Bishop DEATH: Jan 21 1956 OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 H		
of d	RACE: WIDOWED, DIVORCED.	Months Days Hours M	Mln.	
	Female Negro (Specify) Single Sept	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WI	HAT	
causes	work done during most of working life, OR INDUSTRY:	COUNTRY?		
	even if retired): laborer Food Packing	Dorchester-Co-Md. USA		
the	James Bishop	Rachel Bishop		
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
Se O	(Yes, no, or unk.) (If Yes, give war or dates of service) unk			
Physicians: please	ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY. (B) Hypertens	Decompensation ive Cardiovascular Disease		
	STATING UNDERLYING CAUSE LAST. (C)			
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. AUTOPS		
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	., etc. INJURY OCCUR?)	
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work			
96	22. I hereby certify that I attended the deceased from Jan	.14,1956, to Jan. 21,, 1956, that I last saw the decen	ased	
correct ag	alive on Jan. 21, 1956, and that death occurred a	M, from the causes and on the date stated above. ADDRESS DATE SIGNED M.D227Fine St-Camb., Md1-25- TERY OR CREMATORY LOCATION (City, town, or county) (S		
60				
1	Burial 1-20-56 Taylors 1	sland Cemetery Taylors Island, Md	•	
-	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	H.M. St. Clair, Jr., High St. Camb.	Md	

-10 - 53A15 VS.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

DATE REC'D BY LOCAL REGISTRAR

The

Supply every item of information carefully.

141 1 ALCOHOL BURNERS OF THE PARTY OF BUREAU V. S. 3261 OE NAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () () 512

521	CERTIFICATE	\mathbf{OF}	DEATH

Reg. Dist. No.

		1	
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECRASED	unter
	COUNTY OR COUNTY MARYLAND	STATE House and County Wolf	
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and place nearest town) (in this place) TOWN (IIII LENGTH OF STAY (in this place)	CITY(If dutside corporate limits, write RURAL a OR TOWN	nd give nearest town)
	HOSPITAL OR	STREET (If rural give location)	
	90 STREET ADDRESS. Thubune Musing Home.	ADDRESS	
			Day) (Year)
	DECEASED: (Type or Print) Clarge B.	Cake OF DEATH JAM. /	5 1956.
	S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, SIDATE OF WIDOWED. DIVORCED.	OF BIRTH 9. AGE last birthday IF UNDER IV Months D	ays Hours Min.
1	TOA. USUAL OCCUPATION (Give kind of OR KIND OF BUSINESS OR INDUSTRY: Lavor Transfer of working life. Lavor Manager	11. BIRTHPLACE (State or threign country): 12. Lawar Co. Macyland	CITIZEN OF WHAT
	13. FATHER'S NAME: Blake.	Lawsle M. Berry	
	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SDCIAL SECURITY NO.	17 INFORMANT & ADDRESS	1 0
0	(Yes, no, or unk.) (If Yes, give war or dates 216-03-7504-A	Councel Blake Harrise	rung Munu
	18. MEDICAL CERTIFICATIO	ON	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A CONTRACTOR OF THE PROPERTY O	ONSET AND DEATH
	42011 Con	many ochusim	4 days
	IMMEDIATE CAUSE (A) DUE TO		1
	DISEASES OR CONDITIONS, IF ANY, (B)	enong Heart Disease	Zyp,
	STATING UNDERLYING CAUSE LAST. (C) GIVING RISE TO THE ABOVE CAUSE DUE TO (C)	al Vasenly Disease	2-612
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1) 63 644	
	TO THE DEATH BUT NOT RELATED TO THE		E PORTOLIA E
	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
	O PERATION		20. AUTOPSY?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., e		y) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 3/2	1.2.41	saw the deceased
	alive on, 19, and that death occurred at SIGNATURE	ADDRESS	stated above.
	Margano M.		1110
	23. BURIAL, CREMATION. PATE THEREOF NAME OF CEMETER REMOVAL (SPECIFY) AN 11, 1956 Ling Hele	RY OR CREMATORY LOCATION (City, town, for	county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Mayello E Pluman + S	ADDRESS

DECENTED

3221 8.1 MAL

BUREAU V. S.

VS. A15A - 5 - 53

522 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL.	TYAMINTED'S	CERTIFICATE	OR	THATH
VI CALL ALL		A		

1. PLACE OF DEATH:				
	2. USUAL RESIDE	NCE (HOME) OF	DECEASED:	
COUNTY JOPohaster MARYLAND	STATE MO	· COUNT	r Dor	chester
CITY (If outside corporate limits, write RURAL LENGTH OF ST	AY CITY (If outsic	le corporate limits v	rite RURAL	and give nearest town
OR and give nearest town) (in this place)	OR TOWN (8	nbriage		13
HOSPITAL OR	STREET	(If rur	l, give location	on)
7 STREET ADDRESS Cambridge Md. Hospital	ADDRESS 115	Pine St.		
3. NAME OF (First) (Middle) DECEASED:	(Last)	4. DATE OF	(Month) ((Day) (Year)
(Type or Print) LOTTIE C. BOX	GCS.	DEATH	Jan. 1	1, 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. D	ATE OF BIRTH:	9. AGE last birth		R I YEAR IF UNOER 24 HI
Female Narro (Specify): 1. Fei	b. 17. 1838	67	yrs. Months	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	S OR II. BIRTHPLA	CE (State or foreign	n country):	12. CITIZEN OF WILL COUNTRY?
even if retired): Housewife	Maryl	and		TICA
13. FATHER'S NAME:	I4. MOTHER'S MA			- be and a b
James W. Cornish	Saani	a Stawant		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.				
(Yes, no, or unk.) (If Yes, give war or dates of				
NO service)	Charles Co	rnish: Car	abrile	100
	DICAL CERTIFICATION			INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				ONSET AND DEAT
Immediate cause (a) Subarachnoid i	demorrhage	Approx.		24 hrs.
Immediate cause (a) DUE TO		•••••••		
Antecedent cause(s)				
Antecedent cause(s) Diseases or conditions, if any,			• • • • • • • • • • • • • • • • • • • •	
giving rise to the above cause DUE TO				
stating underlying cause last (c)				
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
stating underlying cause last (c)				
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				20. AUTOPSY?
stating underlying cause last (c) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				20. AUTOPSY? Yes \(\text{No} \(\text{No} \)
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, fact	N: tory, 2Ic. (City or to	wn) (C	ounty)	97
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF OF Street, office bldg., CAUSE OF DEATH.	tory, 21c. (City or to etc., Cambri	ire Doro	ounty)	Yes No (State)
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	tory. 2Ic. (City or to etc., Cambri			Yes No (State)
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF OF Street, office bldg., CAUSE OF DEATH.	tory. 2Ic. (City or to etc., Cambri	ire Doro		Yes No (State)
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, fact of Street, office bldg., INJURY CAUSE OF DEATH.	tory, 21c. (City or to Cambri 21f. How DID Struck	INJURY OCCUR?	hester	Yes No (State)
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION 21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING OF Street, office bldg., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) (Hour) While at work of the remains des find that death resulted from: Natural causes A	tory. 21c. (City or to Cambri Cambri 21f. How DID Struck cribed above, held a	INJURY OCCUR?	Inspection	Yes No (State) (State) , Inquiry , a etermined cause [
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION 21a. EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING OF Street, office bldg., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF STREET, O	tory, 2Ic. (City or to Cambrial Cambrial Struck cribed above, held a ccident [], Suicide Chir	INJURY OCCUR?	Inspection Und	Yes No (State) (State)
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION OF Street, office bldg., INJURY 21a. EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING OF Street, office bldg., INJURY 21d. TIME (Month) (Day) (Year) (Hour) While at work of INJURY 22d. I hereby certify that I took charge of the remains des find that death resulted from: Natural causes, A	tory. 2Ic. (City or to Cambrial Cambrial Struck Struck Cident , Suicide CHIPDEP	INJURY OCCUR?	Inspection Under	Yes No (State) (State) , Inquiry , a etermined cause [
Stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION 21a. EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING OF Street, office bldg., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) Contributing OF While at work of the work of the remains desembled that death resulted from: Natural causes A SIGNATURE 23. BURIAL CREMATION DATE THEREOF NAME OF CEME	tory. 2Ic. (City or to Cambrial Cambrial Struck Struck Cident , Suicide CHIPDEP	INJURY OCCUR? IN Autopsy ,	Inspection Inspection Inspection Inspection Inspection Inspection Inspection Inspection	Yes No (State) (State) , Inquiry , a etermined cause DATE SIGNEI
Stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION OF Street, office bldg., CAUSE OF DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF Street, office bldg., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work of INJURY ON While at work of SIGNATURE 22. I hereby certify that I took charge of the remains des find that death resulted from: Natural causes A SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME REMOVAL (Specify):	tory, 2Ic. (City or to cetc., Cambrillo Cambrill	INJURY OCCUR? IN Autopsy ,	Inspection , Undominer AMINER EXAM.	Yes No (State) (State) , Inquiry , a etermined cause DATE SIGNEI
Stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION 21a. EXTERNAL CAUSE WAS PRIMARY To r CONTRIBUTING OF Street, office bldg., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while the work of the remains des find that death resulted from: Natural causes A SIGNATURE 23. BURIAL, CREMATION, REMOVAL (Specify): DATE RECO BY LOCAL (REGISTRAR'S SIGNATURE)	tory, 2Ic. (City or to cetc., Cambrillo Cambrill	INJURY OCCUR? IN Autopsy ,	Inspection , Undominer AMINER EXAM.	Yes No (State) (State) [] , Inquiry [] , a etermined cause [DATE SIGNEI DATE SIGNEI County) (State)
Stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF Street, office bldg., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work 1NJURY 11 Not while at work 22. I hereby certify that I took charge of the remains des find that death resulted from: Natural causes A SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME REMOVAL (Specify):	tory. 2Ic. (City or to Cambriate.) 2If. How DID Struck cribed above, held accident , Suicide CHIE DEP M. D. ASSI	INJURY OCCUR? IN Autopsy , Homicide IF MEDICAL EXAUTY MEDICAL EXAUTY MEDICAL IN AUTOP LOCATION (Cambriller Cambriller)	Inspection Inspection Under the control of the co	Yes No (State) (State) Inquiry (, a etermined cause (DATE SIGNEI (State)) r county) (State)

DEVIEDER SEL SE VAL

BUREAU V. S.

523 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	T .	CERTIFICATE	E OF DEATH Reg. Dist.	No. //6
8	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
,21	carefull legibly.	county Dorchester MARYLAND	STATE Maryland county Dor	chester
		CITY (If outside corporate limits, write RURAL on this place) TOWN Cambridge Life	CITY(If outside corporate limits, write RURAL a OR TOWN Cambridge	nd give nearest town)
	item of information of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md Hospital	STREET (If rural give location) ADDRESS #2	
	in			Day) (Year)
	em of i	(L)pc of Limit, Ltd. DD D D D		1956
4		RACE: WIDOWED, DIVORCED,	of BIRTH: 9. AGE last birthday IF UNDER 1 Y Months D	ays Hours Min.
Ž.	causes	10A. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS work done during most of working life, even if retired): Laborer Food Packing	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
010	ply ne	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDING	Supply te the c	Stephen Brown	Emily Stevens	
	• == .	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
FOR	INK.	(Yes, no, or unk.) (If Yes, give war or dates of service) unk	Elsie Brown, R.F.D.#2, Ca	mbridge .Md.
		18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
RESERVED	UNFADING sicians: plea	THINTED IN TE CANODE	cardial infarction	ONSET AND DEATH
ES	UNFA	ANTECEDENT CAUSE (S)		
MARGIN B	WITH t	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Heart Disease	
RG	PPP		Pulmonary Edema	
MA	PLAINLY, W	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	NI du	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
-	3 0			YES NO
1	ent I	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
	> _	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	ge is	22. I hereby certify that I attended the deceased from Jan.]	0, 1956, to Jan . 17, 19 56 that I last	saw the deceased
- 53	स्र क	alive on Jan 17, 1955 and that death occurred at		
10		J. Edwin Fassett, M		L-23-56
15 —	PLEASE	REMOVAL (SPECIFY)	.o. 227 Pine St-Camb., MdI ERY OR CREMATORY LOCATION (City, town, or ad Cemetery Linas Road-Do	
S. A1	PLE	Burial 1-22-56 Linas Ros	24. FUNERAL DIRECTOR	ADDRESS
>	1.00	Man. 221956 Poly Mee the	H.M. St.Clair, Jr., -High S	t-camb., Md.

DECEIVED NAU

BUREAU V. S.

A SHOW THE REST OF THE PARTY OF

HOSPITAL OR INSTITUTION OR

STREET ADDRESS

COUNTY

3. NAME OF

and legibly.

carefully.

information death clearly

of of

Supply every

FOR

MARYLAND

CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give Cambridge, Rural

Dorchester

(in this place) 2 years

TOWN Cambridge.R.D. 1 STREET

(If rural, give location)

CITY (If outside corporate fimits write RURAL and give nearest town)

ADDRESS

(Last)

Cambridge R.D. 1 4. DATE

STATE Maryland COUNTY Dorchester

2. USUAL RESIDENCE (HOME) OF DECEASED:

DECEASED: Thomas (Type or Print)

Ryan 6. COLOR OR

Cambridge, R.D. 1

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married Oct. 5, 1888

Coates 8. DATE OF BIRTH: DEATH

9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months Days

> 12. CITIZEN OF WHAT COUNTRY?

> > INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? Yes No M

(State)

(Day)

Jan. 21. 1956 19

10a. USUAL OCCUPATION (Give kind of work life, even if retired): Retired Machinist

10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country):

| Buena Vista.Pa. 13. FATHER'S NAME:

Joseph Coates

14. MOTHER'S MAIDEN NAME: Hannah Logan

Buena Vista. Pa.

R.D. 1

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk,) (If Yes, give war or dates of service)

White

16. SOCIAL SECURITY No.: 169-01-3449

17. INFORMANT & ADDRESS:

Mrs. Bessie B. Coates, Cambridge, Md.

18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

(a) Coronery Occlusion

21b. PLACE (Home, farm, factory,

Jan. 26, 1956 Mt. Vernon Cemetery

work [

Antecedent cause(s)

Immediate cause

(b) .. Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

2ia. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. OF street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED

at work

21f. HOW DID INJURY OCCUR?

find that death resulted from: Natural causes A. Accident [], Suicide [], Homicide [], Undetermined cause []. SIGNATURE

NAME OF CEMETERY OR CREMATORY

21c. (City or town)

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. LOCATION (City, town, or county)

McKeesport Pa.

(County)

Jan. 231 6

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): DATE REC'D BY LOCAL

INJURY

REGISTRAR'S SIGNATURE

Kenneth R. Thomas Cambridge, Md ADDRESS Hunter, Edmundson & Striffler

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [], and

McKeesport.Pa.

RESERVED UNFADING Physicians: p LY, WITH important. WRITE PLAINLY ge is especially im SE PLEA!

BUREAU V. S.

gast has little

DEALECTIVED

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH 524

I. PLACE OF DEATH- COUNTY Orchester MARYLAND	2. USUAL ASIDENCE (HOME) OF DECEASED. COUNTY	Day
CITY (If outside emporate lingts, write RURAL and LENGTH OF STAY (by this place)	CITY (If outside corporate limits, write RURAL and give	perestitown)
TOWN Cambridge lady	TOWN Case New Mars	KU X
HOSPITAL OR INSTITUTION OR Cambridge Maryesl	STREET (If rural, give location)	/
3. NAME OF DECEASED EO; th Scider C	(Last) A. DATE (Month) OF DEATH	(Day) (Year) 1957
Lemale Color of RACE 7. Stocke MARRIED WIDWELD DIVORCED	6/15-11880 75 yrs. Months.	I year If under 24 hrs. Days Hours Min.
10s_O3UAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b_MIND OF BUSINESS OR INDIFFER.	11. BIRTHPLACE (State or foreign country) 12.	TAIZEN OF WAAT
13. FATHER'S MANIE Seiller	14. MOPHER'S MAIDEN NAME	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	17. DISORMANT AND ADDRESS	
18. MEDICAL CE	askington D.C	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	ONSET AND DEATH
420.1 Crona	in occlusion	7da
Immediate cause (a)		
Antecedent cause(s)	3	
Diseases or conditions, if any, (b)		** ** ** *** *** *** ** ** ** ** ** **
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	*	20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
176	, 19 6, that I last sa	aw the deceased
alive on 12/2(,, 19), and that death occurred at.	1.2.34m., from the causes and on the date sta	ated above.
SIGNATURE (Degree or title)	ADDRESS Cambridge had:	PATE SIGNED
23 AURIAL CREMATION DATE / NAME OF CEMETE	RY OR DEEMATORY LOCATION Vity, town po county	\(\state\)
MOVAL (Special) 1/3/56 East le	w Morket Ceape New May	at Md.
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Lill S. Willought	ABDRESS
	Cast New Market	+ ma

SECEDVE

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

			. 11
ler.	Dist	No	116

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:	
gil	county Dorchester MARYLAND	state Maryland county Dorchester		
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL ar		
and legibly	OR and give nearest town) TOWN Smithsville (In this place)	TOWN Smithsville		
	HOSPITAL OR	STREET (If rural give location)		
death clearly	INSTITUTION OR STREET ADDRESS	ADDRESS	/	
clo	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (D	ay) (Year)	
ath	DECEASED:	OF	7. 1956	
des	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE		
of	Male Negro (Specify) Married Feb. 8	. 1886 69 yrs. Months De	ys Hours Min.	
es	Male Negro (Specify Married Feb. 8)	11. BIRTHPLACE (State or foreign country): 12.	TITIZEN OF WHAT	
causes	work done during most of working life OP INDUCTRY.		COUNTRY?	
	even if retired): Laborer Food Packing	Dorchester County, Md.	USA	
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
e c	Adam Cornish	Annie Wilson		
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
	(Yes, no, or unk.) (If Yes, give war or dates of service) 207-07-1429	Annie Ward, Smithsviile, D	or.CoMd.	
please	18. MEDICAL CERTIFICATI		INTERVAL BETWEEN	
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
	442X	931 B. S. S. S. S. M.	2	
ns.	IMMEDIATE CAUSE (A) ASSIM SET OF TO			
cia	ANTECEDENT CAUSE (8)	+ //- (3	3	
Physicians	GIVING RISE TO THE ABOVE CAUSE	- returnation CUED	-	
Ph	STATING UNDERLYING CAUSE LAST.			
نب	(C)			
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
or	DISEASE OR CONDITION CAUSING DEATH.			
m	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
			YES NO	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of contributing Cause of Death OF INJURY street, office bldg.,	ory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)	
sb	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
	OF INJURY While at work at work			
S.		7 1017		
age	22. I hereby certify that I attended the deceased from			
	alive on an 27, 1956, and that death occurred at	M, from the causes and on the date s	tated above.	
oe.	SIGNATURE	ADDRESS DAT	E SIGNED	
correct	ame i hospan	D. Carrier Con Control City	county) (State)	
0	REMOVAL (SPECIFY)	TRY OR CREMATORY LOCATION (City, town, or		
	Burial 1/31/1956 Smithsvil	le Cemetery Smithsville,		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
	Jan. 30, 1956 To Mr have th. D.	H.M.St.Clair, Jr., Cambridg	e, Md.	

VS. A15-10-53

The

Supply every item of information carefully.

MARGIN RESERVED FOR BINDING UNFADING INK.

OR WRITE PLAINLY, WITH

PLEASE TYPE

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BUREAU V.

99 T THE NY

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00518

525 CERTIFICATE OF DEATH

Reg. Dist. No. 1/6

1. PLACE OF DEATH:	t a manual paragraphical manual states	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECE	ASED:
county Dorchester MARYLAND	STATE Maryland COUNTY I	Oorchester
CITY (If outside corporate limits, write RURAL LENGTH OF ST OR and give nearest town) (in this place)	AY CITY(If outside corporate limits, write RUE	AL and give nearest town)
/ Town Cambridge Sev.mos.	TOMBLE OF TAXABLE	13
HOSPITAL OR	STREET (If rural give loca	ition)
INSTITUTION OR STREET ADDRESS 72 Washington Street	ADDRESS 72 Washington S	2+moot
DECEASED:	OF _	(Day) (Year)
	Fassett DEATH: Jan.	
RACE: WIDOWED, DIVORCED.	ATE OF BIRTH: 9. AGE last birthday If und	DER 1 YEAR IF UNDER 24 HRS. DB Days Hours Min.
Male Negro (Specify)Widowed Aug.	. 13. 1891 64 yrs. 5	4
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT
even if retired): Minister Ministry	Berlin, Maryland	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1 0022
Joshua Fassett	Aralanta Show	woll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		AETT
(Yes, no, or unk.) (If Yes, give war or dates		
of service) None	Josephine Fassett, Ber	rlin, Md.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ed carcinomatosis	Unknown
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	TION	20. AUTOPSY?
	olon, right with metosta	YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	factory. 21c. WHERE DID (City or town) (ldg., etc. INJURY OCCUR?	County) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCUR! While Not while at work	RED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Int.	7 8 , 1956 to Jan 17, 1956 that I	last saw the deceased
alive on Jon 8, 1956, and that death occurred signature		late stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEM	St. Cemetery Berlin, Ma	vn, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	
REGISTRAR	W St Claim In Com	ADDRESS

DEL PS WAL

B. V. UAJRUA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

 $\underset{\text{Reg. Dist.}}{00519}$

2122227				·	
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No//

The correctly.	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. //6	
၁ ခ	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
F F	COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchest	er	
fully. legib	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Church Creek	give nearest town)	
f information carefully. The death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	STREET (If rural, give location)	- 1	
learly	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day of DEATH Jan. 7	(Year) 56	
form th	O O O O O O O O O O O O O O O O O O O	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y Months Da		
of in	M White (Specify): M NOV	26, 1882 73 yrs.	CITIZEN OF WHAT	
m s	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Waterman Water	Maryland U.1		
ite	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
ery	Joseph Fitzhugh	Amanda Lean		
y every item of the causes of	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:		
te 1	No service)	Records Eastern Shore State Hosp,		
Supply e write the	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH	
r INK.	Immediate cause (a) Pneumonia		l wk.	
N.G.	Antecedent cause(s) Dispesses or conditions if any (b) Fracture left femur.			
DII	Diseases or conditions, if any, (b) Tacture Left	I CIII I	ж. шо.	
FA	stating underlying cause last (c)			
UNFADING Physicians: p	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	in cundrome	?	
TTH tant.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	The system come	1 as AvimoDave	
Wi	0		Yes No K	
LY, WI	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factors)	y, 21c. (City or town) (County) Cambridge Dor. Md.		
AINLY, WITH	21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldz., etc CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	Cambridge Dor. Md.	Yes I No K	
PLAIN	21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Street, office blds., etc CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF OF While at Not while INJURY 11-10 0 55 2pm. 22. I hereby certify that I took charge of the remains described.	Cambridge Dor. Md. 21f. How DID INJURY OCCUR? Fell to floor. ibed above, held an Autopsy , Inspection	Yes No No (State)	
PLAIN	21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldz., etc CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	Cambridge Dor, Md, 21f. How DID INJURY OCCUR? Fell to floor, ibed above, held an Autopsy , Inspection Maident , Suicide , Homicide , Undeter	Yes No No (State)	
PLAIN	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING Street, office bldg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bldg., etc. INJURY HOSPILAL 21d. TIME (Month) (Day) (Year) (Hour) While at Not while work at work of the remains descripted by the control of the remains descripted by the cont	Cambridge Dor Md. 21f. How DID INJURY OCCUR? Fell to floor. ibed above, held an Autopsy _, Inspection Exident _, Suicide _, Homicide _, Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	(State) (State) , Inquiry , and rmined cause .	
SITE PLAIN is especially	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING Street, office bldg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bldg., etc. INJURY OCCURRED While at Not while work 21. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes , Accisionature	Cambridge Dor Md. 21f. How DID INJURY OCCUR? Fell to floor. ibed above, held an Autopsy , Inspection M. ident , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or co	(State) (State) , Inquiry , and rmined cause .	

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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S.V UABRUG

1

Reg. Dist.

MARYLAND

LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Dorchaster

CITY (If outside corporate limits write RURAL and give nearest town) Cambridge

STREET (If rural, give location) ADDRESS 133 .asnin ton St.

INSTITUTION OR 183 Lashington St. STREET ADDRESS (First)

(Type or Print) 6. COLOR OR

7. SINGLE, MARRIED, WIDOWED, DIVORCED,

8. DATE OF BIRTH:

(Last)

DEATH 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS.

4. DATE

(Month)

1950

(Year)

Months Days Hours II. BIRTHPLACE (State or foreign country):

(Day)

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Tahorer

DECEASED:

carefully. The and legibly.

information death clearly

of

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Suppl

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UNFADING Physicians: p

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PLEA

10b. KIND OF BUSINESS OR INDUSTRY:

Dorchester County, 14. MOTHER'S MAIDEN NAME:

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

Jerry Paine

16. SOCIAL SECURITY No.:

(Specify): I.

Hester Paine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of

17. INFORMANT & ADDRESS: r. Janes Travers: KFD #3. Cambri

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? Yes No

(State)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Coronary Occlusion

Immediate cause

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

21b. PLACE (Home, farm, factory, 21a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | OF street, office bidg., etc., CAUSE OF DEATH.

2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while 21f. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

21c. (City or town)

INJURY work [] at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection A, Inquiry [], and

DATE THEREOF

ASSISTANT MEDICAL EXAM. NAME OF CEMETERY OR CREMATORY

find that death resulted from: Natural causes □, Accident □, Suicide □, Homicide □, Undetermined cause □.

LOCATION (City, town, or county)

(County)

DATE SIGNED

REGISTRAR'S SIGNATURE

23. BURIAL, CREMATION. REMOVAL (Specify) : 411171 07 DATE REC'D BY LOCAL

24. FUNERAL DIRECTOR Gerpert Stolair: Cambride

ADDRESS

BUREAU V. S.

certificat

OR HOSPITAL:

The bottom copy may be retail ATTENDING PHYSICIA

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the-registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00521

527

1. PLACE OF DEATH

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED

		No	11/
Reg.	Dist.	No	116

COUNTY DONLOS MARYLAND	STATE and country Donks to
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	
13 TOWN Clewhely I Lan	TOWN Campreless
HOSPITAL OR INSTITUTION OR Cambridge-had Hospit	tel STREET ADDRESS 207 Academy St.
3. NAME OF (First) (Middle) DECEASED (Type or Print) William	Fries 4. DATE (Month) (Day) (Yeer) OF DEATH JULY 25 195
S. SEX 6. COLOR OR RACE, WIDOWED, DIVORCED, (Specify) Widowed 8.	DATE OF SIRTH PR 3 1988 67 yrs. FUNDER 1 YEAR IF UNDER 24 HR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If. oR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WEW JERSEU
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Fries	Ethel Graham
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY I	NO. 17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yas, give wer or detes of service) 220-07-0808	Richard G. Fries Cambridge, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	L CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
11200 CINALIE	my or lusion Idas
aur ea	1 / Contract of
DISEASES OR CONDITIONS, IF ANY, (B)	Heury Direcus Typ
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)	cleate Heart Discure Syre
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING 204S OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a. INJURY OCCURED While Not while at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	f, 19 J. C., to
alive on 1/25 19 19 and that death occur	red at 12 13 M.M., from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
Jameny Maryanov M.	o. Cambridge had /27/56
23. BURTAL, CREMATION, DATE THEREOF NAME OF CEMETE 28/56 NAME OF CEMETE 28/56 NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or country) (Stata)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS
DATE Jan. 31, 1966 John Mace fr.	Vijacine (" let navn will ason" a

BY SUDANTEAN WILLIAM TO THE STATE OF ALTHOUGH THE

CERTIFICATE OF DEATH

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BUREAU Y. S.

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MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	00522
540 CERTIFICAT	E OF DEATH Reg. Dist.	No. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Dorchester MARYLAND	STATE Maryland COUNTY Dorches	ter
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Federalsourg - Rural Lite	CITY(If outside corporate limits, write RURAL and OR TOWN Federalsburg - Rural	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Cokesbury	STREET (If rural give location) Near Cokesbury	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	y) (Year)
DECEASED: (Type or Print) Perry Lee	Hackett DEATH: January	10 1956
RACE: WIDOWED, DIVORCED,	9. AGE last birthday IF UNDER I YEA 6, 1873 82 yrs. Months Day	
work done during most of working life. or INDUSTRY: even if retired): Retired Farmer Farm Wner	Dorchester Co., Maryland	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Perry G. Hackett	Priscilla Tull	
(Yes, no, or unk.) (If Yes, give war or dates of aervice) 16. Social Security No.	Mrs. Alice L. Hackett, Seaford.	Del.RFD
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) OUT TO OUT TO OUT TO OUT TO (B) OUT TO OUT T	atheroschrosis firth myocardal cardial failures	6 ges- 16 montes. 1mo
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	DN	20. AUTOPSY7
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing 21b. PLACE (Home, farm, factor of the contribution of the contribu	., etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work		
22. I hereby certify that I attended the deceased from Man		
SIGNATURE helous for Ind.	M.D. Seaford, Delaware Jan. 1	0,1956
23. BURIAL (REMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) Jan. 12, 1956 Cokesbury	Cemetery Location (City, town, or cometery Near Federalsburg	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 2-1956 Choall Hashings	J.J.Framptom and Son, Federalsh	address urg, Md.



VS. A15 -- 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

528	CERTIFICATE	OF	DEATH

RE, 18 00523

Reg. Dist. No. 4/6......

1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEASE	D:
county Dorchester	MARYLAND	STATE Marvi	and county Dorch	astan
CITY (If outside corporate limits, write R	URAL LENGTH OF STAY	CITY(If outside c	orporate limits, write RURAL	and give nearest town)
OR and give nearest town) //3 TOWN Cambridge	(in this place)	or Town Bisho		
	1 L week	STREET	*	X
HOSPITAL OR		ADDRESS	(If rural give location)	
7 STREET ADDRESS Cambridge Md	. Hospital			
3. NAME OF (First)		(Last)		Day) (Year)
DECEASED: (Type or Print) GRACE	PHILLIPS JO	HNSON	OF DEATH: Jan	17 1956
5. SEX: 6. COLOR OR 7. SINGLE,	MARRIED, 8. DATE	OF BIRTH: 9	. AGE last birthday IF UNDER 1	
Female White (Specify)		3-1889	66 yrs.	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life,	OR INDUSTRY:		State or foreign country): 12.	CITIZEN OF WHAT
	Seafood		and, Maryland	U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
John R. Phillips		Not Known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	218-01-5253	Mr. Herman	Tolley Bishops H	ead, Md.
	IS. MEDICAL CERTIFICAT			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	0		ONSET AND DEATH
154X	2:16-00	Ton Home	tin	7 days
IMMEDIATE CAUSE	OUE TO NI	VEW TO THE		- Juays.
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY.	(B) Perforate	on of Light	roid Colow.	7 days.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(c) Calcinomi	in affects	sigmoid	
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DI	THE	<i>b</i>	<i>d</i>	435
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	V		20. AUTOPSY?
2,				YES NO
21a. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fact INJURY street, office bldg.,	etc. INJURY OCCUR		-
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work at work	21F. HOW DID IN	NJURY OCCUR?	
22. I hereby certify that I attended th	e deceased from	19 J 6 to 1/	17. , 19 Jethat I las	t saw the deceased
17:-	I that death occurred at	"7 A	e causes and on the date	
23. BURIAL. CREMATION, DATE THERECORDS BURIAL (SPECIFY) Burial 1-19-1956		Church Yard	Bishops Head, D	
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR	SIGNATURE 11 9	24. FUNERAL DI		ADDRESS
	/ / /	Deni Jahr	,	

A - CARL CATEGORIA END - HELDER NO PROCEDE SON STRUCTURE COMPANY.

BUREAU V. E.

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MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No. //6

1. PLACE OF DEATH- COUNTY COLERESTE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY DOWN
CITY (If outside derperate limits write RULAL and LENGTH, OF STAY OR give nearest town) TOWN LUCK L	CITY (If outside of pool te limits) write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF (First) / C(Middle)	/ (Last) 4. DATE (Month)/ (Day) (Year)
(Type or Print) Carl Veal	Johes DEATH 1/29 1956
male Thile Wighter Diverge	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months. Days Hours Min.
109. USUAL OCCUPATION (Give had offwork done during most of working life, even it retired)	11. BIETHPLACE (State or foreign country)
13. FATHER'S MAME	14. MOTHER'S MAIDEN WHITE Charles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17 THY ORMANT AND ADDRESS
Bervice)	The Cult
18. MEDICAL CET I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	3 L
Immediate cause (a) Welling	32390
Antecedent cause(s)	i hemt deseiger 5 gen
	82
stating the underlying cause last (c)	months.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 1953, to 1-29, 1954 that I last saw the deceased
alive on 1-7-55619 / and that death occurred at. To	from the causes and on the date stated above.
alive on	ADDRESS DATE SKINED
23/ BURIAL, CREMATION DATE: A MANUAL CEMERE	BY OR CDEMATORY LOCATION (City, town, or couply) (State)
10/1000 1/3/196 /rashi	M. EUNERAL PRECEDED ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S STENATURE	Buth S. Willought of
	Coast Man Market Mas

BUREAU V. S.

FEB 10 1950

SECENTED

529	CERTIFICATI	TE OF DEATH Reg. Dist. No. //6			
1. PLACE OF DEATH: COUNTY Dorchester CITY (If outside corporate limits, write	1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Dorchester	MARYLAND	STATE Maryland COUNTY	Dorchester		
OR and give nearest town) Cambridge		CITY(If outside corporate limits, write RUR, OR TOWN Cambridge	13		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Bethel	Street	STREET (If rural give located property of the street) 9 Bethel Street			
3. NAME OF (First) DECEASED: (Type or Print) Samuel		Locks 4. DATE (Month) OF DEATH: 1	(Day) (Year) 2 19 56		
Male Negro Specif	wed, DIVORCED, Widower Nov-1	5-1875 9. AGE last birthday IF UNO	s Days Hours Min.		
work done during most of working life, even if retirdin employed	OR INDUSTRY:	Dor-County-Md.	12. CITIZEN OF WHAT COUNTRY?		
Jeremia Locks		Lizzie Locks			
(Yes, no, or unk.) (If Yes, give war or dates of service)		Annie Kane, Cambridge,	Maryland		
I DISEASES OR CONDITIONS DIRECTL 420.0 IMMEDIATE CAUSE ANTECEDENT CAUSE (5)	(A) Cardiac	c Decompensation	INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Hypertensiv	ve Arteriosclerotic Hear Dis	t ease		
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	CONTRIBUTING O THE				
19a, DATE OF OPERATION: 19B. MAJO	R FINDINGS OF OPERATIO	N The state of the	20. AUTOPSY7 YES NO		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm, fac OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (City or town)	County) (State)		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended	of that death occurred at	29, 1954 to Jan. 2, 1956, that I M, from the causes and on the dangers ADDRESS 227 Pine St-Camb., Md.	ate stated above.		
23. BURIAL, CREMATION, DATE THE REMOVAL (SPECIFY) Burial 1-8-5	REOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, tow	n, or county) (State)		
	R'S SIGNATURE	H.M. StClair, JrHigh	St-Camb., Md.		

BUREAU V. S.

300: II NAL

Physicians:

especially important.

age is

correct :

MARYLAND STATE DEPARTMENT	T OF HEALTH—RALTIMORE 18 00595
542 CERTIFICATE	0000
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: /
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Rhodesdale - Rural 9 years	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eldorado	STREET (If rural give location) ADDRESS Eldorado
DECEASED: (Type or Print) George Wesley	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: January 11 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. (Specify): Married Novemb	or 11, 1883 72 yrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stationary Engineer	Dorchester Co., Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John N. Murphy 13. Was Deceased Ever IN U.S. Armed Forces: (Yes, no, or unk.) (If Yes, give war or dates Of service) W. J. 089-05-8018	17. INFORMANT & ADDRESS: Mrs. Florence E. Murphy, Rhodesdale, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE	ry Occlusion Interval BETWEEN ONSET AND DEATH TO STRONG THE STRONG
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING 2CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
SIGNATURE WCHarrison M.	P. M, from the causes and on the date stated above. ADDRESS DATE SIGNED D. Hurlock, Maryland Jan. 13, 1956
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) Burial Jan. 13, 1956 Eldorado Ce	ERY OR CREMATORY LOCATION (City, town, or county) (State) emetery Eldorado, Maryland

Jan. 13, 1956 Eldorado Cemetery BY LOCAL

J.J.Framptom and Son, Federalsburg, Ed.



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	The state of the s			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Kent County	У		
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Cambridge LENGTH OF STAY (In this place) mtp. & 24 das	CITY (If outside corporate limits write RURAL and give n OR TOWN Chestertown, Md.	nearest town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	STREET (If rural, give location)			
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Martha Jane Othos	OF	(ear) 19 56		
PACE. WIDOWED DIVORCED	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF			
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS OF WORK life, INDUSTRY:	Maryland (State or foreign country): 12. CITIZI	EN OF WHAT		
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
William J. Hurlock	Mary Gordon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: Eastern Shore State Hospital Records			
Antecedent cause(s) Diseases or conditions, if any, (b)	and Juline 1	who		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	V			
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		Yes No		
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work ☐ at work ☐	21c. (City or town) (County) (S	State)		
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED M. D. ASSISTANT MEDICAL EXAMINER Jan. 9, 1956				
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): DATE THE THERE	Cem. Still Pond.	(State) ADDRESS Ton , MQ		
John Mace fr.	V			

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OR HOSPITAL: The law requires that the death certificated by the hospitator attending physician.

The bottom copy may be reti ATTENDING PHYSICIA

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

544

1. PLACE OF DEATH

CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (HOME) OF DECEASED

0	0	5	2	7
	_			

Reg. Dist. No.

county Dorchester	MARYLAND	STATE SET STATE	nd COUNTY	Wicomio	
CITY (Il outside corporate limits, write RURAL OR end give necrest town)	LENGTH OF STAY	CITY (if outside cor	porete limits, write RURAL a	nd giva nearest	lown)
TOWN	(in this place)	TOWAL	d mlassam		22 x - 2
HOSPITAL OR	1	SIREEI	ishury (Il rural giv	ve location)	
INSTITUTION OR STREET ADDRESS		ADDRESS			
3. NAME OF Eastern Shore State	Hospital	(Last)	3 4. DATE (Mor	oth) (D	ay) (Year)
DECEASED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Lasy)	OF DEATH .	,,	-10
(Type or Print) John William Pay	rsons ===	1 : 10	9 11	2n 2	T 19 56
5. SEX ACE NAME OF SECTION OF SEC	DRCED B. DATE C	To T8888	9. AGE lest birthdey 72 yrs.	Months D	Hours Min.
done during most of working life, even if OR	INDUSTRY	1. BIRTHPLACE (State or fo			COUNTRY?
	Own Farm	Mary Mary			SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
John Henry Parsons		Mary E	llen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	I AT INTEGRALANT O		-(Can)D	n 47 Solich
(Yes, no, or unk.) (If Yes, give wer or detes of service)	1402	Mr. Haro.	to T. Farson	A(DOL)E	ury.M
	18. MEDICAL CER	TIFICATION	1 Records, C	ambridg	HANGKAWE DELANCEL
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- NAME OF STREET				ONSET AND DEATH
MACHINE CAUSE (A) Bro:	ncho Pheumoni	a			
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B)					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO					
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS C	OF OPERATION				20. AUTOPSY? YES NO Y
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCC	UR? (City or lown)	(County)	(Stete)
		21f. HOW DID INJURY OCC	UR?		
M. et wo					
22. I hereby certify that I attended the decease	sed from Jan 3 5	6 , 19 to	Jan 2I, 19.56	, that I las	t saw the deceased
alive on	that death occurred at	955.M, from the	causes and on the	date stated a	bove.
SIGNATURE		P AD	DRESS (Street, city, tow	rn, stete)	DATE SIGNED
Thomas I Drud	M.D.	Combania	Maryland		Jan 2T 56
23. DONAL, CREMATION	NAME OF CEMETERY OR	CREMATOR Cambridge	LOCATION (City tow	n, county	(SteTe)
must jun 275	Bung		MIN. Da	and the	1/10
DATE AN 2 3 19 96 REGISTRAR'S SIGNATURE	Pare fr.	25. FUNERAL DIRECTOR	S SIGNATURE	alla	12) Hella

CERTIFICATE OF DEATH

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John Erch

AURIAL, CRIMATION,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

·	CERTIFICATI	1 Of DEATH Reg. Dist.	. No. 11 m
Ly El	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
careful	county Dorchester MARYLAND	state Maryland county Dor	chester
Supply every item of information carefully ite the causes of death clearly and legibly.	CITY (If outside corporate limits, write RURAL CITY (In this place) (in this place)	CITY(If outside corporate limits, write RURAL a OR TOWN Vienna	nd give nearest town
ati	HOSPITAL OR	STREET (If rural give location)	
m of informat death clearly	INSTITUTION OR Cambridge Md Hospital	ADDRESS RFD #1	
of in	DECEASED:	OF 7	22 (Year)
m dea		OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
y itel	Female Negro (Specify): Married July		ays Hours Min
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
cau	even if retired) Housewife Home	Dorchester-Co-Md.	USA
ply	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
K. Supply	Joseph Stiles	Georgianna Parker	
rit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
X N	(Yes, no, or unk.) (If Yes, give war or dates of service) 219-07-7193	Minnie Young-Cambridge, I	Md.
G IN	18. MEDICAL CERTIFICAT		1
NG ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
ADI 8:	IMMEDIATE CAUSE (A) Confluent	Bronchopneumonia Bilateral	
an	DUE TO		
UNFAI sicians:	DISEASES OR CONDITIONS, IF ANY. (B) Gangrene Y	right great toe	11-11-17-19
TH	STATING UNDERLYING CAUSE LAST.		
It.	(c) Diabetes M	lellitus en	
r,	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
AL.	DISEASE OR CONDITION CAUSING DEATH.		
AINLY, W.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
A A	Jan 1955 Gangrene Left leg		YES NO
WRITE PLAINLY, WITH UNFADING INK. especially important. Physicians: please wr	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
R WRI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
_	22. I hereby certify that I attended the deceased from Oct	19,1953 to Jan 22,1956 that I last	saw the decease
E 0	alive on Jan 22, 1956, and that death occurred at		
0.	alive on vall 22, 19.20, and that death occurred at		stated above.
SE TY			
SE	J. Edwin Fassett M	ERY OR CREMATORY LOCATION (City, town, or	county) (Stat

H.M. St. Clair, Jr., Cambridge, Md.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

Reg.	Dist.
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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. /
					4100

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Dorchester MARYLAND	STATE Maryland COUNTY Talbot	100
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge Il mos. 15 d	CITY (If outside corporate limits write RURAL and OR Wys Mills	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	STREET (If rural, give location)	V_
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Donald	Rathell 4. DATE (Month) (Day OF DEATH January A	(Year) 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Married 4-	E OF BIRTH: 9. AGE last birthday: F UNDER 1 x 24-1894 61 yrs.	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer 10b. KIND OF BUSINESS OF INDUSTRY:	Maryland U	CITIZEN OF WHAT COUNTRY? J.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Charles Rathell	Minnie Donaldson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of Unknown service) 16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS: RECORDS: Eastern Shore State H	lognital
OTIKEDOWIT		TOSPICAL
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Coronary oc Immediate cause Output Due to	al Certification clusion	Interval Between Onset and Death Instant
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral	arteriosclerosis	?
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No X
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	(County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. work \(\begin{array}{cccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes , Accidental Results of the remains described from the remains described		
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): -7-56 Melnmores	Fruiter Hillsford, Ma	6
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5, 1956	W. Frampton Canoll C	aston, M.
	E.	

BUREAU V. S.

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ATTENDING PHYSICIA The bottom copy may be retain

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

531 CERTIFICATE OF DEATH

II LENGE	F DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	ED
COUNTY	Dorchester	MARYLAND	STATE Marylan	d county Dorc	hester
OR end	ulsida corporate limits, writa RURAL give neerest town)	LENGTH OF STAY (in this place)	OR	rete limits, write RURAL and give no	serast town)
	ambridge	4 Weeks		dge Rural	X
HOSPITAL C INSTITUTION STREET ADD	OR	Hospital	STREET ADDRESS	(Il rurel give location)
3. NAME OF	(First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Yea
DECEASI (Type or Prin	") ROLAND	T	מת א זה די	OF DEATH	1.2 195
S. SEX	1 6. COLOR OR 1 7. SIN	GLE, MARRIED, 8. DA	SEWARD.	P. AGE lest birthday IF UND	ER 1 YEAR IF UNDER
Male		DOWED, DIVORCED, pecify) T.J.	30-1888	67 yrs. Months	Deys Hours
10a. USUAL OC	UPATION (Give kind of work	106. KIND OF BUSINESS	11. BIRTHPLACE (Stelle or foreign	on country)	12. CITIZEN OF WHA
A matter 45	most of working life, even If	or industry Seafood	Neck Dist Dor.	Co. Md.	U.S.A.
13. FATHER'S N		Dearood	14. MOTHER'S MAIDEN N	IAME	UaDaBa
James	Sarrand		Ella Todd		
IS. WAS DECEA	SED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
(Yas, no, or unk.)	(Il Yas, giva war or datas ol ser		Hammer P	Seward R.F.D. #	12 Camb Ma
		None 18. MEDICAL O	CERTIFICATION	Seward R.F.D. #	INTERVAL BETW
1 DISEASES OR	CONDITIONS DIRECTLY LEADING	TO DEATH 12	1-0	1	ONSET AND DI
23,4	MMEDIATE CAUSE (A)	- Majocai	deal Re	lui-	2 ccay
	TECEDENT CAUSE(S) DUE TO	asto	00	un on Priso O	/
DISEASES OR C	ONDITIONS, IF ANY, (B)	incluse	ceropies ge	weater the	
GIVING RISE TO	DIVING CALLES LAST DUE TO	Southal.	Lleur 2	a level -	SWK2
GIVING RISE TO		The Color of the C	770000		
GIVING RISE TO STATING UNDER	(C)	60 A 1-	10 14		
GIVING RISE TO STATING UNDER	(C) ICANT CONDITIONS CONTRIBUTION I BUT NOT RELATED TO THE	Draheles 7	rellities		
GIVING RISE TO STATING UNDER	(C) ICANT CONDITIONS CONTRIBUTION BUT NOT RELATED TO THE ONDITION CAUSING DEATH.	Draheles 7 R FINDINGS OF OPERATION	nellities		20. AUTOPS
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Theodore N. Stoppenbach

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(If Yas, give wer or dates of service)

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22. I hereby certify that I attended the deceased from

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. TIME OF INJURY (Month) (Dey)

19e. DATE OF OPERATION

alive on.....

BURIAL, CREMATION, REMOVAL (SPECIFY)

REC'D BY REGISTRAF

White

10e, USUAL OCCUPATION (Give kind of work

INSTITUTION OR Eastern Shore State Hospital

and give nearest town)

1. PLACE OF DEATH

COUNTY

TOWN

3. NAME OF

S. SEX

Male

HOSPITAL OR

DECEASED

(Type or Print)

13. FATHER'S NAME

Unknowh

CERTIFICATE

Stopp

8. DATE OF

Feb.

MARYLAND

LENGTH OF STAY

S (indipit Glace)

(Middle)

10b. KIND OF BUSINESS OR INDUSTRY

Unknown

16. SOCIAL SECURITY NO. Unknown

Psychosis with Syp

(General Paresis

21a. INJURY OCCURRED

....., and that death occurred at. 1

Not while at work

M.D. NAME OF CEMETERY OR CR

18. MEDICAL CERTI

Lobar Pneumon

21c.

SINGLE, MARRIED

(Specify) WIOWED

19b. MAJOR FINDINGS OF OPERATION

3

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., atc.)

C.

00531

OF DEA	ATH			116	
			st. No		*****
STATE CITY (N CONTROL COR	COUNTY Strate limits, write RURAL e			•	
STREET PIKES ADDRESS 110 R	ville (li rurel giv Leisterstown	Road	in) d) 3 X _	2
(Lost) openbach	4. DATE (Mor		(Day)	(Year) 50	6
DF BIRTH 1893	9. AGE last birthday 62 yrs.	Month:			lin.
11. BIRTHPLACE (State or for Oregon	eign country)		12. CITIZEN	RY? U.S.	A.
14. MOTHER'S MAIDEN Marie L.	Bishop				
17. INFORMANT & Eastern S	hore State H	iqeo	tal Re	eords	
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					_
philitic Meni	ngo-encephal	itis	12 plu		_
			20 YES	AUTOPSY?	<u> </u>
21c. WHERE DID INJURY OCC	UR? (City or town)	(C	ounty)	(Stete)	
21f. HOW DID INJURY OCC	UR?				
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CREMATORY CEM.	Cambridge I	n, or cou	nty)	/1/56 (Stete)
25. FUNERAL DIRECTOR'S		0	ADDRESS		

Taylor for Unxerela Md.

... After copy 72 hours after death. director, the third cop within registrar by the .5 with burial transit permit. FUNERAL DIRECTOR: The law requires that the death certificate be filed or attending physician. The bottom copy may be rei

certificate has been executed by the attending physician and completely death certificate assembly should be detached for use as a burial transit pe A15C 1-55 10M

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executed within 24 hours

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CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED		
county Dorchester	MARYLAND	STATE Marylar		Dorche		
CITY (If outside corporata limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corpor	rate limits, write RURAL	and give near	est town)	
13 TOWN Cambridge	5 Weeks	TOWN Cambri	idge			13
HOSPITAL OR INSTITUTION OR		STREET ADDRESS		ve location)		1
STREET ADDRESS Cambridge Maryla	and Hospital		achblossom	Ave.		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mo		(Dey)	(Year)
(Type or Print) Flovd	W.	TODD	OF DEATH	Jan	1.	19 56
S. SEX 6. COLOR OR 7. SINGLE, MA	ARRIED, 8. DATE		9. AGE lest birthdey	IF UNDER	TYEAR II	IF UNDER 24 HR
Male White (Specify)	arried 7-11-	1870	76 yrs.	Months	Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign			CITIZEN	OF WHAT
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			YAME.			
Riley Todd 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	not Known	2222			
(Yes, no, or unk.) (If Yes, give wer or dates of sarvice)	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS			
No	None	Mrs. Flove	W. Todd 5	Peach	bloss	som Ave
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	While Not while et work					
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(Il haboth Hund	WA HER	ace St., Cambr		,		9-55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O		LOCATION (City, tow			(State)
REMOVAL (SPECIFY)						
Burial 1-7-56 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATION	Dorchester	Memorial Park	Cambridge	Dorc	heste ADDRESS	er Md.
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DATE (24, 7 1936) 36 Kn	v hate Ih. KI	1 2000	OT OT AT	oo oani	DI IUE	,09 11010

MARYLAND STATE DEPARTMENT OF HEALTH-RALTHORE, US

CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

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1. PLACE	OF DEATH				2. USUAL RESID	ENCE (HC	ME) OF D	ECEASE	D		
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	DRESS Eastern Sho		Hospita	1	ADDRESS 400						1
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(Type or P.	ini) Norena	٧.		To	omey		DEATH J	an.	2	19	56
5. SEX	6. COLOR OR 7.	SINGLE, MARRIED WIDOWED, DIVO		DATE OF	BIRTH	9. AGE I	est birthdey		R 1 YEAR	IF UNDER	
F	White	(Spacify) Wido	wed	2-10-	87	68	yrs.	Months	Days	Hours	Min.
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13. FATHER'S	NAME				14. MOTHER'S MAIDE	NAME					
m4	T. Waller				Honore Agne	a Ran	WET				
	AND FOLEY	ORCES? 16.	SOCIAL SECURITY	Y NO.	17, INFORMANT 8	ADDRESS	1 y				
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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

OR HOSPITAL: The law requires that the death of by the hospital or attending physician.

The bottom copy may be rel TO ATTENDING PHYSICIA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00534

548

CERTIFICATE OF DEATH

			1	11
Reg.	Dist.	No	<i>[</i>	6

1. PLACE OF DEATH		Z. USUAL RESIDER	CE (HOME) OF DECEA	950
COUNTY Derchester	MARYLAND	STATE Manual an	COUNTY	7
CITY (II outside corporate limits, write RURAL	LENGTH OF STAY		COUNTY CO	Hearest town)
OR end give nearest town) TOWN	######flace)	OR TOWN		. 0
x rCambridge	9/30/51	Patricia	4114	01X
HOSPITAL OR	4.4-46.6.44	STREET	(If rural giva locati	ion)
INSTITUTION OR STREET ADDRESS		ADDRESS		
16 STREET ADDRESS Eastern Shere S	State Hemitel			
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	THE STATE OF THE STATE OF		DEATH Jan.	28 56
	Le Van	Deventer		19
5. SEX 6. COLOR OR 7. SINGLE WIDON	MARRIED, 8. DATE	OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
(Specils	.1		Monti	hs Days Hours Min.
人 电报源产品 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	"Single Jan	11. SHIT HPDACE (State or lore)	yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	OR INDUSTRY	11. BIM HPDACE (State or lore)	ign country)	12. CITIZEN OF WHAT
retired)	OK HADOSIKI	New Jersey		U.S.A.
None		L		
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
No. of the second second		Hannah For	60	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	TOCAL SECURITY NO	17. INFORMANT & A	PDDEEC	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	Unication			
(Yes, no, or unk.) (If Yes, give wer or dates of service	OTTESTAME	TWEATER SU	ere State Heap	itsl Records
Ne 1	18. MEDICAL CE	PTIELEN		I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO		RIFICATION		ONSET AND DEATH
11914				
491X IMMEDIATE CAUSE (A) _	Brench	prounceis		- P A
ANTECEDENT CAUSE(S) DUE TO				2 4414
DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.	Senile	Psychesis		2 00000000
	NDINGS OF OPERATION			-20. AUTOPSY?
De. Date of Orekanon	TOTAL TOTAL TOTAL			YES NO T
DI ACCIDENT WAS INDEDIVING THE COLOR		OL WHITE DID BUILDY OCCUP	03 (62	
218. ACCIDENT WAS UNDERLYING 216. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY	E (Home, ferm, fectory, 'street, office bldg., atc.)	21c. WHERE DID INJURY OCCU	Kr (City or fown) (0	County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	and an end of the state of the			
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour		21f. HOW DID INJURY OCCU	R?	
	While Mot while M			
M.	et work et work			
22. I hereby certify that I attended the	deceased from 9/ 3	19 Kla to "	7 /08 19 FL th	at I last saw the deceased
7/27 "	44444		- Je.	
alive on	, and that death occurred a	it. Z. L. J.A. M., from the c	causes and on the date s	tated above.
PSIGNATURE OF	1 1. 1.	ADD	RESS (Street, city, town, stata	DATE SIGNED
KABORK H. NO	view !			The second second
23, BURIAL, CREMATION, DATE THE EOF	I NAME OF CEMETERY OF	tate Feapitsl.	GOENION CE MONNING	7/20/56
REMOVAL (SPECIFY)		CREMATORY	LUCATION (CES, TOWN) OF CE	unity) ~ [~ [] [male]
Cremation 1/28/56	Green mount	Comotos	Baltimord, Ma	haelome
		25. FUNERAL DIRECTOR'S	SICNATURE PROTECTION	* DOBESS
24. REC'D BY REGISTRAR REGISTRAR'S SIG	NATURE			Combasidae Md
DATE an 28 56 KOK	· I have III	Le compte Fu	meral Service,	Cambridge, Md.
DAIL WID XX JO TO	1666 1. 1			

CEDITICATE OF DEATH

Dore retter ryland Lecil siace Carbridge erryville astern shore tate ospital Jan. allah .an Deventer infle erale hite Jan. 22, 1.75 E1 ew Jersey annah erce u ustus an loventer asteen Shore tate osnital ocords renc :eoneuren's 87. 7 conile osychesis 3 years

7 834 T 9/30 54 1/2

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Dorchester MARYLAND	STATE Mary Land COUNTY Norcester
CITY (If outside corporate limits, write RURAL or and give nearest town) X TOWN rural Cambridge	Y CITY(If outside colporate limits, write RURAL and give nearest town OR TOWN Troy 5 hire
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lastern Shore State Hospital	STREET (If rural give location) ADDRESS
	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Jan 21 1956
5. SEX: 6 COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): 5 Company	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Berlin, Md. 11. Birthplace (State or foreign country): 12. CITIZEN OF WHAT
15. FATHER'S NAME: Albert Warren	Mary Rayne
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: ES STATE HOS Hoshita L Records Cambridge

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY.

GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION:

21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF "INJURY

While

DISEASE OR CONDITION CAUSING DEATH.

21E INJURY OCCURRED Not while at work at work

21B. PLACE (Home, farm, factory. OF INJURY street, office bldg., etc.

BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 23. Burial

REGISTRAR'S

OR

(City or town)

ADDRESS

AUTOPSY?

(State)

NO V

56

(State)

20. YES [

22. I hereby certify that I attended the deceased from Oct 6, 1955, to Jan 21, 1956, that I last saw the deceased alive on Jan, 1956, and that death occurred at 11.3 5AM, from the causes and on the date stated above. DATE SIGNED SIGNATURE

LOCATION (City, town, or county) CREMATORY

DATE REC'D BY LOCAL GISTRAR

DUE TO

(B)

DUE TO (C)

DIRECTOR

21c. WHERE DID

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

(County)

PLEASE TYPE OR

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item of information carefully. of death clearly and legibly.

Supply every write the causes

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00536

533

CERTIFICATE OF DEATH

					g, Dist, I	10	
1. PLACE OF D	DEATH		2. USUAL RESIDEN	ICE (HOME) OF DI	ECEASED		
	Dorchester	MARYLAND	STATE Maryla		Dorch		
OR end give	corporate limits, write RURAL neerest town)	LENGTH OF STAY (in this place)	OR	erate limits, write RURAL or	nd give nearest	town)	
	Cambridge	40 years	TOWN Camb	ridge R.D.1		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Cambridge-Marylan	d Hospital	STREET ADDRESS Rura	_ (If rurel giv	e location)	/	
3. NAME OF DECEASED	(First)	(Middle)	(Lost)	4. DATE (Mon	th) (C	(Year)	
(Type or Print)	Fred		Weber	DEATH	an.19	1956 19	
5. SEX 6.	. COLOR OR 7. SINGLE, MAI	RRIED, 8. DATE	OF BIRTH	9. AGE lest birthday	IF UNDER TY	EAR IF UNDER 24	_
Male	White (Specify) Mg		3,1872	84 yrs.	Months D	eys Hours M	Min.
		CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)		CITIZEN OF WHAT	
retired) Reti	ired Farmer Self E		Baltimore			U.S.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	Fred Weber		Wilhelmi	na Muth			
	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS R.F	.D.2		
(Yes, no, or unk.)	(If Yes, give wer or detes of service)	none	Elizabeth	M. Weber, Cam	bridge,	Md.	
T DISEASES OR COL	NDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CE				INTERVAL BETWEEN	
1.111			HITIS			7 DAY	-
OSCO X IMMED	DIATE CAUSE (A)					20 YEA	_
ANTECE	DENT CAUSE(S) DUE TO	BRONGHI	ECTASIS			20 /27	" ~
GIVING RISE TO TH STATING UNDERLYIN	E ABOVE CAUSE						
	(C)						
TO THE DEATH BUT	NT CONDITIONS CONTRIBUTING OF A PARTIES OF THE DITION CAUSING DEATH.	D RHEU	MATIC HE	ART DIS	SEASE	?	
19e. DATE OF OPERA	TION 196. MAJOR FINDING	S OF OPERATION				20. AUTOPSY?	
21e. ACCIDENT WAS	LINDERLYING TO 216 PLACE (He	ome, farm, fectory,	21c. WHERE DID INJURY OCCUI	2 (City or town)	(County)	YES NO (State)	
OR CONTRIBUTING [CAUSE OF DEATH OF INJURY street	t, office bldg., etc.)			(Codiny)	(Jielo)	
21d. TIME OF INJURY	W	hile Not while work et work	21f. HOW DID INJURY OCCU				
alive on	ertify that I attended the dec	reased from 1.4. V	4 N 19 5 6, to 9 1 8;45 M; from the c	causes and on the d	late stated	above.	
SIGHTURE	eter E. G.	usly the.	Cambu	RESS (Street, city, town	d.	20JAN	V5
23. BURIAL, CREMAT		NAME OF CEMETERY OF	CREMATORY	LOGATION (City, town	, or county)	(State	9)
Burial	Jan 23,1956	Ook Lawn C		Baltimore,	Md.		9:
24. REC'D BY REGIST	RAR REGISTRAR'S SIGNATU	RE 1110	25. FUNERAL DIRECTOR'S	SIGNATURE	ADI	DRESS	
DATE CV. 2	3 1956 TOKA 1	has Ih. K)	serveth to	Howar	embride	se, riu.	

CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00537

534

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Dorchester MARYLAND	state Maryland county Dorchester
CfTY (If outside corporate fimits, write RURAL LENGTH OF STA OR end give neerest town) (in this plece)	AY CITY (If outside corporate fimits, write RURAL end give neerest town)
3 TOWN Cambridge 8 Weeks	
HOSPITAL OR	STREET (II rurel give location)
7 STREET ADDRESS Cambridge Md. Hospital	ADDRESS ATTO
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) DORIS BRANNOCK	WHEATLEY DEATH 1 13 1956
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. RACE WIDOWED, DIVORCED,	. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS
	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
110 disewife	Woolfords, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John A. Brannock	Lula Fitzhugh
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	Y NO. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (II Yes, give wer or detes of service)	Howard T. Wheatley Cambridge, Md.
18. MEDICA	AL CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
116 IMMEDIATE CAUSE (A) GENERALIZET	d carcinomatosis 6 month.
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	(squamous cell) of Vagina 2 years
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION Carcinoma of Vicinity	ogina with netastasis 20. AUTOPSY?
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, Ierm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Monih) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work at work as work	ile 🖂 📗
22. I hereby certify that I attended the deceased from	curred at A.M. from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE SIGNET OFFICE BIOG., Md. 1115
REMOVAL (SPECIFY)	ETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 1-15-56 Dorchest	ter Mem. Park Cambridge Dor. Md.
DATE VEL 15.1056 REGISTRAR'S SIGNATURE NO. 1	LeCompte Funeral Service Cambridge, Md

DI ESQUATTIAS-HTJASS TO THEMTRATES STATE GHALFSAM

CERTIFICATE OF DEATH

Z.V UATAUA COST OF NAC

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY DORCHESTER MARYLAND	STATE ANARULAN POUNTY DOYC	hesTer
CITY (If outside corporate limits, write RURAL OR and give nearest town) / 3 TOWN CAMBRIDSE LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN	d give nearest town)
HOSTITAL OR INSTITUTION OR STREET ADDRESS CAMBRIDGE CREEK	STREET (If rural, give location)	/
(1) po of Time, / 3/// =	Diff. The state of	(Year) 3 1956
M RACE: WIDOWED, DIVORCED, (Specify): Si Nale 4-	/ - // 00 97 yrs.	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): WATER MAA	OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 2.17-10-8191	17. INFORMANT & ADDRESS:	F.S
	CAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH IMMED.
DUE TO		_
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		A BUILDING
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc.	feek Dorch	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Not while at work	his falling into creek unknown	ork on dredge rcumstances
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes, Acci		
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
alped 12. maryanor	M. D. ASSISTANT MEDICAL EXAM.	- 1/3//56
REMOVAL (Specify): Coffman 21986 Cord Town	THY OR CREMATORY LOCATION (City, town, or ex	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE THEG. 1. 1956.	24. FUNENAL DIRECTOR Heury	and Address Cambridge
		7

Makeyang Loss becker ALONE

814914 4-17-1906 19 WATERINAN NOME MARYLAND DOR U.S.A. ISAAC WILSON UNKNOWN 217-10-8191 LAURA ADAMES

BUREAU V. S.

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Continue Man Donation Contract

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit. OR HOSPITAL: The law requires that the death certifical smed by the hospital or attending physician. The bottom copy may be reta ATTENDING PHYSICIA

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00539

Reg. Dist. No. 1/6

1. PLACE OF DEATH					NCE (HOME) OF D	ECEASED	,		
county Dorche	ster	MARYLA	AND	STATE Maryla	and county	Dor.			
CITY (If outside corporete limi	ts, write RURAL	LENGTH OF	STAY	CITY (If outside cor	porete limits, write RURAL a	nd give near	est town)		
OR end give nearest town). Town Cambridge		entire	life	TOWN Cambi	ridge			X	
HOSPITAL OR INSTITUTION OR				STREET ADDRESS	(If rurel gi	ve location)	7 11	1	
7 STREET ADDRESS Cambri	.dge-Maryland	Hospita	al	R.F.	D. 1				
DECEASED	rst)	(Middle)		(Last)	4. DATE (Mor	nth)	(Day)	(Yeer)	
(Type or Print) Chri	stopher			ward	DEATH /	G.Co.	3 -	195	6
5. SEX 6. COLOR OR		RIED,	8. DATE O		9. AGE last birthday	IF UNDER 1		IF UNDER 24	
Male White	WIDOWED, DI (Specify)	ingle	/	1-56	yrs.	Months	Days	Hours	Mln.
10a. USUAL OCCUPATION (Give ki	nd of work 10b. KI	ND OF BUSINESS		11. BIRTHPLACE (Steta or fo	reign country)	12.		OF WHAT	
done during most of working le retired) NOX		R INDUSTRY		Cambridge			COUNT	·S.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Cha	rles Woodwar	d		Joan Wo	ood				
15. WAS DECEASED EVER IN U. S.		6. SOCIAL SECU	RITY NO.	17. INFORMANT &	ADDRESS				
(Yes, no or unk.) (If Yas, give we	er or dates of service)	none		Charles V	loodward, R.D.	.1 Caml	bride	ge, Md.	
I DISEASES OR CONDITIONS DIRE	CTIV ITADING TO DIATH	18. MED	ICAL CER	TIFICATION				EVAL BETWEE	
1 DISEASES OR CONDITIONS DIKE	CILY LEADING TO DEATH	P		tunt			ONS	ET AND DEA	In
776 X IMMEDIATE CAUSE	(A)	V-	V	muy			-56	his	
ANTECEDENT CAUSE									
DISEASES OR CONDITIONS, IF A	LISE								
STATING UNDERLYING CAUSE LA	AST. DUE TO					100	1		
11 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN						200	- 11		
19a. DATE OF OPERATION	196, MAJOR FINDINGS	OF OPERATION						AUTOPSY?	
							YES	Include L	7
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN	ATH OF INJURY straet,	ne, farm, factory, office bldg., etc.)		Te. WHERE DID INJURY OCC	UR? (City or town)	(County	y)	(Stete)	
21d. TIME OF INJURY (Month) (I	Day) (Year) (Hour) 21e	. INJURY OCCUR		21f. HOW DID INJURY OCC	UR?				
	M. et v	vork Not	while ork						
22. I hereby certify that	t I attended the dece	ased from	1-1-	19.56 to 1	-3,1956	, that	ast saw	the dece	ased
alive on 1-3	1956 and	that death o	occurred at.						
SIGNATURE				ADI	DRESS (Street, city, tow	n, stata)	D	ATE SIGI	NED
SWBa.			M. D.	Camber	efec?		1-	4-5	6
23. BURIAL, CREMATION,	DATE THEREOF	NAME OF C	EMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)		(Stat	le)
Burial	Jan.3,1956	Cathol	ic Cem	etery, Secreta	ry Maryland				
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		1 10	1 25 ELINED AL DIRECTOR	SIGNATIBE	A	DDRESS		
DATE 120 3 1956	Afri 1	har 1	1.10	Serviort &	Thouse Car	nbridge	,Md.		
DAIL TOP 1 11/0	11 1011	(0)	.1.	1 - FOUNDAMINI					-

SCERTIFICATE OF DEATH

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Charles Charles Consult Consult			
		Marin Service	
			A CONTRACTOR OF THE STATE OF
	SOOF BEDS		
	HOTTOGRAD	RD 74-2 (43) - W	
B. V UALING			
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Sect of Mari			
MSIA MEDILO		of Paris	
" ASTABLE			